

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		/		/		/	55						
6		/		/		/	56						
7		/		/		/	57						
8		/		/		/	58						
9		/		/		/	59						
10		/		/		/	60						
11		/		/		/	61						
12		/		/		/	62						
13		/		/		/	63						
14		/		/		/	64						
15		/		/		/	65						
16		/		/		/	66						
17	/		/		/		67						
18	/	/	/	/	/	/	68						
19		/		/		/	69						
20		/		/		/	70	/					
21		/		/		/	71						
22		/		/		/	72						
23		/		/		/	73						
24		/		/		/	74						
25		/		/		/	75						
26		/		/		/	76						
27		/		/		/	77						
28		/		/		/	78						
29		/		/		/	79						
30		/		/		/	80						
31		/		/		/	81						
32		/		/		/	82						
33		/		/		/	83						
34		/		/		/	84						
35		/		/		/	85						
36		/		/		/	86						
37		/		/		/	87						
38		/		/		/	88						
39		/		/		/	89						
40	/	/	/	/	/	/	90						
41	/	/	/	/	/	/	91						
42		/		/		/	92						
43		/		/		/	93						
44		/		/		/	94						
45		/		/		/	95						
46		/		/		/	96						
47		/		/		/	97						
48		/		/		/	98						
49		/		/		/	99						
50		/		/		/	100						
TOTAL IND.			3		3		TOTAL IND.						
TOTAL DEP.			45		45		TOTAL DEP.						
TOTAL CLAIMS			48		48		TOTAL CLAIMS						